

Healthy RI National Health Reform Implementation Taskforce

Notes from 7/15/10 Task Force as a Whole Meeting

Brief Update from Work Group Convenors

- What are the top two to three issues you are focusing on?
- Have you identified a significant overlap with another Work Group or Work Groups?
- What challenges do you face in completing the requested materials for the Task Force report by August 30?

Insurance Market Reform/Coverage Expansion

The goal of the Insurance Market Reform/Coverage Expansion Work Group is to take a fully integrated approach to coverage expansion under the federal health reform in the state of Rhode Island. The key issue going forward in insurance market reform is the form that federal “minimum coverage” will take as it pertains to the individual mandate to purchase insurance coverage, taken against the backdrop of already existing state mandates. The key issue in coverage expansion is the status of existing public plans, such as the Sherlock plan and Rite Share, within the framework of the new federal health reform. While discussing existing public plans, the Work Group came to the conclusion that, within the new health reform, implementation of health plans must be integrated and handled holistically rather than ad hoc. Without a unified interface for obtaining insurance coverage, economies will not be realized and some plans may be impossible to administer going forward, particularly those that serve smaller specialized populations and that continue to rely on paper records and are not at all automated at this time. The Work Group will therefore identify areas in state law that require more examination in light of the federal changes and will look at the structure of existing health care coverages in Rhode Island in order to create a more integrated whole.

The Insurance Market Reform/Coverage Expansion Work Group is finding significant overlap with the Health Insurance Exchange Design/Build Work Group, but it will work with the Exchange Work Group to divide the work accordingly. Furthermore, the main challenge facing the Work Group is the complexity of the issue. However, the Work Group will focus on getting to the big questions quickly in order to take a first cut at the analysis for the report in August in preparation for further activity in the fall.

Long Term Care

The Long Term Care Work Group has met twice and is meeting again on July 20th. Thus far, the Work Group has discussed issues most pertinent to the long term care provider community, especially in regards to the federal funding currently available for criminal background checks for providers of long term care. Another major issue for the Work Group is the rebalancing efforts in Rhode Island. Historically Rhode Island has lagged behind with respect to Medicaid funding for

home and community based long term care services. Putting Rhode Island on the right track will require rigorous rebalancing of funds as well as the leadership of state Medicaid administrators. Money Follows the Person, for example, would be a great opportunity for Rhode Island because the state has organized similar efforts in the past. However, in order to organize and apply for the Money Follows the Person demonstration funds, applicants would need to organize the pertinent Medicaid data. Going forward the group will be focusing on Rebalancing and Money Follows the Person. The Long Term Care Work Group is finding significant overlap with the Pilots/Grants Work Group.

Health Insurance Exchange Design/Build

Discussion in the Exchange Design/Build Work Group has focused on two key areas: (1) what is the exchange required to do under the federal health reform statute, and (2) what else can the state do beyond the minimum required by the federal statute? There is much confusion surrounding the minimum mandated for the exchange by the federal statute. Much of the discussion revolves around the coordination of the individual market and Medicaid and what the state must do with respect to both in order to provide health insurance coverage for the population in Rhode Island. Most of the interest and energy of the Work Group, however, is focused on what else can be done with the exchange beyond the minimum. There is interest in the role of the exchange: how can the state address cost containment with the exchange, and is the exchange the right vehicle for cost containment efforts? There is further interest in the design and build of the exchange: who does the exchange serve, how does the exchange interact with the individual market, and how does the exchange interact with Medicaid? The exchange, therefore, seems to be a piece in the federal health reform statute where Congress has created the floor but not the ceiling in terms of the role of the exchange and a place where the state has much discretion in regards to what it can do with the exchange.

The Exchange Design/Build overlaps with several work groups: Insurance Market Reform/Coverage Expansion, Pilots/Grants, and Payment Reform/Delivery System. The Exchange Work Group overlaps with the Insurance Reform/Coverage Expansion because it must understand the status of the individual market and Medicaid in order to decide the role of the exchange in health care coverage. The Exchange Work Group overlaps with Pilots/Grants because there is federal funding available for both coverage expansion and building the infrastructure for coverage expansion. The Exchange Work Group overlaps with Payment Reform/Delivery System because of their shared interest in cost containment.

Suggestions:

- Before attacking the issue of exchange implementation, the Exchange Work Group should focus on the question of what the state wants the exchange to be. If the state can decide on what it wants out of the exchange, state agencies would be in a much better place when planning and applying for federal grants in support of the exchange.

Pilots/Grants

The Pilots/Grants Work Group has been focusing on two key areas: (1) identifying, summarizing, communicating and tracking current pilots and grants available under the federal health reform statute, and (2) deliberating on who has the responsibility to continue these efforts going forward and how to institutionalize the practice in order to maintain an ongoing source of pilots and grants information for the health care community. The Work Group has been focusing on current pilots and grants because details regarding funding opportunities in the federal health reform statute are largely unavailable until solicitations for applications are released, and solicitations are usually released close to the funding deadline. There is much pilots and grants information out now, for instance, because the 2010 federal funds must be obligated by September 30th. Thus, it is important to not only communicate the solicitations available now, but also important to develop a plan of action going forward to ensure that this work of identifying and communicating funding opportunities continue beyond the life of the Work Group.

The Pilots/Grants Work Group overlaps with every other work group. As such, the Work Group has been using the Lt. Governor's policy interns to communicate pilots and grants information to other work groups. Furthermore, the main challenge for the Work Group is prioritizing the pilots and grants in such a way that the state can use them to develop the health care system that it wants. In order to accomplish this task, the Insurance Market Reform/Coverage Expansion, Exchange, and Payment Reform/Delivery System work groups must carry on a discussion of the focus they want in each issue area and determine where these foci converge in order to find a goal for the state with regards to the health care system that it wants to develop.

Suggestions:

- When designing a system for surveying and communicating available pilots and grants, the Work Group should recommend a system that allows for feedback from the health care community so that the community as a whole can keep track of which pilots and grants are available and which should be prioritized.

Prevention, Wellness and Public Health

The Prevention, Wellness and Public Health Work Group is working to understand, as much as possible, the provisions in the federal health reform relating to prevention. There are many unknowns regarding what has been appropriated and the Work Group is monitoring communications regarding these appropriations as they arise. The Work Group is also looking 5 years into the future in order to determine how the state should prioritize the funding opportunities available for health care reform. In particular, the state should look for opportunities that would allow for public/private collaboration so that the state can carry out state projects that are applied for by private entities.

The Prevention, Wellness and Public Health Work Group overlaps with all other work groups. The challenges the Work Group faces include keeping tabs on the constant current of information coming out regarding opportunities in the federal statute, prioritizing those opportunities, and identifying parties responsible for applying for those opportunities.

Workforce Development

The Workforce Development Work Group is focusing on jobs and on education and worker training as it relates to jobs in the health care field. The work group recognizes the need for good data and the need for a way to streamline information so as to facilitate access. Going forward, the Work Group will be referring to Quality Partners' Industry Partnership for Workforce Development Skills Gap Study as a guide for creating job training and education programs and monitoring the potential grant opportunities for Rhode Island in the federal health reform for workforce expansion and worker training grants. In addition, the Work Group overlaps greatly with the Pilots/Grants Work Group and would be very interested in a joint meeting with the Pilots/Grants Work Group. The greatest challenge facing the Work Group is the limited amount of time it has to explore and deliberate on the issue of workforce development.

Suggestions:

- Rhode Island is largely "shovel ready" for workforce development. The Work Group should explore models that are already in place for workforce development and use federal funding to expand or replicate those existing models.
- The Work Group should identify gaps in the workforce and identify the professional areas in which the state is lacking. In order to do this, the Work Group should consider who will be newly insured under the federal health reform in order to identify the professional areas that will be in higher demand due to coverage expansion. The Work Group should look at job growth, but it should also consider innovative ways of staffing the health care system.
- The Work Group should plan and advise strategically so that the state can use job growth to push reform in the direction that the state wants reform to go. Therefore, the Workforce Development Work Group should find significant overlap with the Long Term Care Work Group as well as the Payment Reform/Delivery System Work Group.

Payment Reform/Delivery System

The Payment Reform/Delivery System Work Group has two main focuses. First, the Work Group is interested in payment realignment – not payment rate changes – as a key to delivery system reform. The Work Group agrees that while there are many delivery system reforms that can be pursued, payment realignment is necessary to make those delivery system reforms happen. Second, the Work Group is interested in building upon strong delivery system reform models already in place in Rhode Island, such as CSI and the PACE model.

The Payment Reform/Delivery System Work Group overlaps with the Exchange Workgroup because theoretically the exchange can be a vehicle for payment realignment and delivery system reform. The Payment Reform/Delivery System Work Group also overlaps with the Insurance Market Reform/Coverage Expansion Work Group especially with respect to Medicaid and Medicare opportunities for payment realignment. Finally, the Payment Reform/Delivery System Work Group overlaps with the Workforce Development Work Group because primary care workforce development will be needed to support the impact of payment realignment on the way care is delivered – with greater anticipated need for primary care capacity.

One challenge the group has raised is that much of the payment and delivery system change in the federal legislation is in Medicare and is focused on adults and the elderly. It will be important to find ways to have health reform support delivery system improvement for families and children. Additionally, one of the greatest challenges for the Payment Reform/Delivery System Work Group is that many payment realignment opportunities are in the public sector, in Medicare and Medicaid, and not in the commercial insurance sector. The Work Group feels that payment and delivery system reform must be cross-payer or all-payer to be most effective. Therefore, the group recommends prioritizing payment realignment opportunities that are cross-payer and engage public payers, commercial payers, and the new exchange.